

of the SCD equation because death did not actually occur. Marathon race directors have adopted this approach (6), which has had useful practical application in advising risk of participation, while assisting in event preparation and the best allocation of limited resources.

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Carvedilol Versus Metoprolol, But Which Metoprolol?

Effect on Inappropriate Cardioverter-Defibrillator Therapy

Ruwald et al. (1) studied the benefit of carvedilol versus metoprolol for inappropriate antitachycardia pacing (ATP), using data from the MADIT-CRT (Multicenter Automatic Defibrillator Implantation with Cardiac Resynchronization Therapy) trial. In a following editorial comment, Raitt (2) discusses further the issue of inappropriate ATP. What is most surprising is that neither Ruwald et al. (1) nor Raitt (2) specify metoprolol as the tartrate or the succinate form. This failure to indicate the rapid- or delayed-release forms of the medication when

concluding superiority in favor of carvedilol has to be of concern to the reader. The major clinical trial of metoprolol, MERIT-HF (Metoprolol CR/XL Randomised Intervention Trial in Congestive Heart Failure), which showed a significantly decreased all-cause mortality in their heart failure patients, specifically used metoprolol succinate (3). When carvedilol and metoprolol were compared in the COMET (Carvedilol or Metoprolol European Trial) using metoprolol tartrate (target dose, 50 mg twice daily) versus carvedilol (target dose, 25 mg twice daily), the composite endpoint of mortality and all-cause admissions was not significantly different for the 2 medications, although the authors considered that there was a suggestion of carvedilol superiority (4). Obviously, the comparator in the current papers under consideration (1,2) ideally should have been the succinate form of metoprolol, as in MERIT-HF (3).

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Reply

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We thank Dr. Whayne for the interest and questions that he had with regard to our recently published results from the MADIT-CRT (Multicenter Automatic Defibrillator Implantation With Cardiac Resynchronization Therapy) trial (1) and accompanying editorial (2).

